Somerset Care Limited

Somerset Care Community (Torbay)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced forty eight hours in advance. This was because we wanted to arrange to visit some people who received the service to obtain their feedback. Somerset Care Community (Torbay) (referred to by name or as 'the service') was last inspected on the 20 and 27 November 2013. We had no concerns about the service at this time.

Summary of findings

Somerset Care Community (Torbay) provides care in people's homes. At the time of the inspection they were providing personal care to 158 people and employed 69 staff to carry out this work. People were provided with both short term or longer term care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe in respect of the care provided. Staff were trained in safeguarding people they were caring for and demonstrated they understood this. However, people told us they wanted to know who was coming into their home and that their care would be provided at a time that was right for them. People told us they felt unsafe and uncomfortable in their own home not knowing this. People expressed concerns about the weekends in addition to the weekdays.

People told us they felt the care they received was caring. People told us staff treated them with dignity and respect. However, people also told us they were concerned about not having continuity of carers. Also, the times of care were not always at the times they desired or could change without consultation

We found the provider did not have a system in place to ensure the safe administration of medicines. People were potentially at risk as a result. People told us that when staff were late they either had to take their medicine themselves or their routine was affected.

People told us they were asked their opinion of the service but did not always feel this was listened to or accommodated.

The service had a clear structure of governance in place. The registered manager had not been in their role for long and the organisation had undergone a restructure.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were not safe because they told us they did not know who was going to be coming to their home to provide care.

The service ensured staff were trained in safeguarding adults and children. Staff demonstrated they knew what to do if they were concerned about a person's safety.

Medicines were not administered safely in all cases and in line with current guidance.

The service was aware of their responsibilities under the Mental Capacity Act 2005.

Requires Improvement

Is the service effective?

The service was ineffective as people did not always receive care by carers they were matched with and at times of their choosing.

The service ensured staff were well trained and knowledgeable of people's needs. Staff told us they felt they were well trained, supervised and appraised to ensure they delivered care effectively.

People's health needs were met and staff ensured they had a drink available before leaving their home.

Requires Improvement

Is the service caring?

The service was caring. People told us the service was caring. Staff ensured their needs were met and were kind and considerate when caring for them.

People told us the staff always ensured their privacy and dignity were respected.

Good

Is the service responsive?

The service was responsive to complaints. People told us they were aware that they could make a complaint and how to do this.

People's care was planned with them. People's needs were assessed at the initial meeting and regularly after that. If the need changed they were reassessed and new plans developed.

Good

Is the service well-led?

The service had clear systems of governance in place. People could contact the office and their query would be responded to.

There was a system of quality auditing in place to drive a system of continuous improvement.

Good

Summary of findings

People and staff told us they felt the service was well led. They wanted communication from the office to improve.

Somerset Care Community (Torbay)

Detailed findings

Background to this inspection

The inspection of Somerset Care Community (Torbay) was completed by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was completed over two days in order to allow us to speak to people who use the service. We did this by speaking to them over the phone and visited them in their home.

We reviewed the records held at the local office and in people's homes. We looked at the records kept in respect of people's care such as their care plans, policies and procedures and staff personnel and training records. We spoke with 27 people who received care from the service (with five visited in their home) and four family members (two over the phone and two in person). We also spoke with 13 staff by phone. We read five people's care records and five staff personnel files. We spoke with the registered manager, area manager and Nominated Individual during the inspection. The Nominated Individual is a senior official in the organisation who is responsible for responding to the commission on behalf of the company.

Prior to the inspection we reviewed a range of information. This included the Provider Information Record (PIR) and previous inspection reports. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We contacted 11 professionals who have arranged care for people (called Care Managers), three GP surgeries and the district nurse team locally. We received feedback from two professionals including one care manager and one district nurse. Both stated they felt the service was good and had no concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Staff told us there was not enough time to get between appointments. We were told they were given five minutes to travel from person to person. People told us the timings of when their care took place was set around staff availability rather than in line with their wishes. One person, who had to have their medicine at a specific time, told us: "The only problem is the timing. I never know when they're coming. The staff are brilliant and the arrangement is they come between 9.00 and 9.30. I'd understand if there was an occasional late but it's often after ten. I've explained many a time about the times I want as I don't know when to have my breakfast. I'm 94 and it's getting me down". On one person's record it stated the person would take their own medicine if care staff were late even though the risk assessment stated they were to be supported with this. Another record that a person commenced caring for themselves due to staff being late. This was despite the high risk of falls. This meant this person was potentially at risk of harm.

In the PIR we had been told there were nine medication errors in the last 12 months. We looked at medicines in order to ensure these concerns had been addressed and the administration of medicines was safe. We found staff were trained to administer medicines. Risk assessments were completed for people administering their own medicines. We saw in some people's care records that staff were 'not administering medication'. However staff were applying prescribed creams for people as part of their care plan. Staff were therefore administering medicines. The company paperwork and policy saw 'medication' only as that which staff would be administering orally or for example, eye drops and tablets. This means the provider and staff did not recognise prescribed creams as administering medicines.

The care plans stated staff 'prompted' people or relatives to give medicines when in fact we found staff were administering the medicines as they were in control of this happening. In respect of one person, the records stated they were prompting a family member to administer Warfarin (an anti-coagulant) and were not administering any oral medicines. When we visited and spoke to them we found staff were given the responsibility by the relative of administering all medicines but this was not recorded or known to the registered manager.

We could see the MARs were audited and errors highlighted but we were unable to see from the records whether these were corrected or practice improved as a result. A lot of errors noted gaps when staff had not signed they had administered medicines as expected. This meant people could still be at risk from being under or overdosed as a result.

Where staff were responsible for administering creams the details within the care plan was not specific enough to ensure that staff were using the right cream on the correct part of the body and in line with the instructions of the prescriber. One person's care plan, for example, stated cream was to be put on their "legs, back and bottom" whereas another part stated cream was to be applied to their groin. We asked how the registered manager was ensuring that staff were administering creams safely and she said there was no detail beyond that in the care plan. This meant that people were at risk of having the creams placed on the wrong part of their body.

We reviewed three of the reported medicine errors highlighted by the PIR. All three incidents were about medicines being given at the wrong time of the day. An action plan was put in place in respect of both the carer and the organisation. The information on the incident report stated there was no impact on the person however it meant the person did not have the right amount of time between doses. This could result in the medicine not working properly. The recommendation for one member of staff was further training however 23 days passed before the training took place. We established from the registered manager that this staff member had continued to deliver care packages in that time that involved administering medicines. This meant other people were at risk of having their medicines administered unsafely.

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us: "I feel safe with staff; the key safe works well and most staff make sure the house is secure before leaving" and "I feel safe with staff. The staff are very nice, polite and friendly; their support helps me to remain at home, which is what I want". One person told us different carers did not suit them stating: "With some of them I don't feel safe as I lose my balance. I just ring the office and they don't send them again".

Requires Improvement

Is the service safe?

The service had policies and procedures for recognising and reporting concerns in place that were regularly updated. Staff were trained in safeguarding both adults and children by people accredited to do this and this was updated yearly. The registered manager had been on the local advanced safeguarding training so they knew how to raise alerts. All the staff demonstrated they knew what abuse would look like and how to raise concerns. They knew how to make referrals internally and externally. Every staff member stated they would use the companies whistle blowing policy by going to head office if they felt the situation was not dealt with locally. The staff were also aware of CQC's potential role in this matter.

Staff received training about the Mental Capacity Act 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The training helped ensure staff understood where people could or not consent to their care. Where people could not consent the service ensured this was sought from family or the person's representative.

We found that staff were recruited safely. All staff completed a formal application process and had their backgrounds checked to ensure they were safe to work with vulnerable people. This included at least two references from previous employers, checking for any criminality and seeking an explanation for gaps in their employment history. All staff underwent a formal interview, induction training programme and shadowed experienced staff before going onto work on their own.

We saw that environmental and individual risk assessments had been completed and were regularly reviewed with the person. These were in line with people's care needs and if a care need changed the associated risk assessment changed.

Requires Improvement

Is the service effective?

Our findings

People told us: “Staff are trained – some better than others for example with cooking skills”; “The staff are well trained. They meet my needs; my carer anticipates my needs before I know I have them”; “The staff are well trained; they appear to know their jobs” and “Staff are well trained; they use the stand aid and things are done safely”.

People and staff were not effectively matched. People told us they had not been asked if they preferred a carer of a specific gender. Two people we spoke with had found this to be particularly difficult. The registered manager stated every new service user is asked about their preferred staff gender at the initial assessment. One person told us they would have also preferred to have received care from more experienced, older female carers as they felt uncomfortable receiving care from younger female or male carers. We asked the registered manager how they ensured people were receiving care from stafff they had been appropriately matched with. They told us they attempted to match staff and people requiring the service. If there were concerns reported to them they would then ensure that the carer was changed. People expressed additional concerns about not knowing who was going to care for them at the weekends.

Three people told us they received visits from a small, known number of carers. They stated: “I have two or three regularly; some I see less regularly about every two to three months” and “I always know who is coming as I have the same two staff members. I have a very nice system going – a good rapport with the girls. I tend to look on them as friends”. Another person told us they did not always know who was coming but had a regular group of staff so it was always one of them. They used to have rota sent in the post but that stopped a while ago. They said it made no difference to them as “all staff are efficient and I get what I need”.

People told us the service had stopped telling them which staff were coming into their home. They had been told the ‘head office’ had stopped the sending of rotas out to people to save costs. People expressed a desire for continuity but stated staff did not always know in advance if the they would be back soon. One person told us they had calculated they had received care from 80-90 carers in two and a half years. Another said “The carers don’t know themselves when they’ll be coming back; my wife rings up to find out”. Some people told us when they asked for a rota it was given to them. The registered manager confirmed rotas were only being given to people who had requested them. Some of those who received the rotas stated they changed day to day (and sometimes visit to visit) so were not always helpful in ensuring they knew who was coming into their home.

People said: “It would be nice to know who’s going to be here”; “I don’t know whose coming until they arrive”; “We don’t know whose coming; the rota is a waste of time”; “I don’t know who is coming; no continuity of staff or timings – sometimes 7am sometimes 9am. People like me – old and sick – need continuity. Don’t see the same faces only rarely”; “Timings can be a problem – it would be nice to get a phone call if they were going to be more than 30 minutes late – they should ring me and let me know what is going on”.

People raised concerns about not knowing the times when their care was being given. Times of care changed and could be hours earlier or later. For example, one person told us that they liked to get ready for bed at 7pm but staff came at 5pm which they felt was too early. Most people we spoke with stated that the care was appropriate. However, for some people, especially for whom pain was an issue, told us new and irregular staff were more likely to aggravate their condition. This meant some people’s care was not delivered by regular staff.

The registered manager told us that people were called if they knew a carer was going to be late, but this was not reflected in what people told us. They told us they were not always contacted to let them know there was a change. People told us this this impacted on the quality of their lives when they were reliant on the care. For example, one person told us they had a regular day care appointment that could be affected if staff were not there on time.

Two people told us they had been embarrassed as carers they had previously complained about had then come to their home again. They told us they had then called the office and this had been corrected. One person told us they “just didn’t click with one carer”. Their relative had spoken with the agency and this was changed so “now they have staff I like and know well providing my care”. We were told by another person: “I can’t choose who is coming to provide care; the rota is rarely adhered to”, but felt confident to ask for a change of staff if necessary. They added this had not been necessary as they were “happy

Is the service effective?

with vast majority of staff". This last comment was similar to many we received; people did not know that they could expect to be matched with carers they felt were right for them. We found the service was in breach of Regulation 17(2)(d)(h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Except in the case of medicines; the training records, what staff told us and how people said they felt about the care demonstrated the staff were well trained. The training was provided by internal staff trained to train others by accredited external agencies. Staff underwent a high level of training and monitoring when starting to work for the service. Staff had two weeks of induction training and shadowing before being assessed to work on their own. They were then assessed at six weeks and six months to ensure they were able to carry out their role. Staff were trained in subjects expected but also had undertaken training in areas such as catheter care; dementia; stoma care and diabetes. The company had a formal policy of observing all staff in their practice; this however was not at the four a year as outlined by the company's policy. Staff underwent individual supervision quarterly and annual appraisals. Training was updated during compulsory staff meetings as part of a rolling programme of topics. Within this up to date practice was shared. One staff member told us: "The team meetings are held six weekly. It is time for up-dates of policy and procedure; they are very useful".

Staff told us about the induction: "As I was new to care the induction was quite good, really useful. It was reassuring to have shadowing visits to build confidence"; "The training was good. Helped prepare me. I was happy with the support when I first started"; "I was very happy with the training and support when I started working"; "The induction was very in-depth"; and "It was intense. Very thorough" and "The shadowing helped me a lot, gave me experience of working with other staff. It made me less nervous".

In respect of general training we were told by staff: "The best training I have ever had and I have worked in care for 19 years"; "We have very good training opportunities"; "Training is always being offered it's trying to fit it!"; "I feel I have the training and support to meet people's needs. I am never asked to deliver care I am unsure of"; "The training is spot on – can't fault it"; "We can ask for any extra training we need to help us"; and "we get lots of good training".

Few people relied on staff to provide their food and nutritional needs. Generally, they or family provided for their needs. Where the staff supported people to have their breakfast, for example, we were told there were no concerns. People told us that staff would ensure they had access to fluids as necessary if they could not get it for themselves.

People's day to day health needs were met. People told us they felt able to raise a concern with carers who they knew well. Generally, though this did not present as a major need for the people we spoke with.

Good

Is the service caring?

Our findings

People and their relatives were extremely positive about the care they were provided with and the quality of carers. The rare exceptions were generally linked to issues about new staff not knowing them as well as long term carers did.

People told us: “One carer is above excellent and the others are all excellent.”; “I can’t praise them highly enough; it’s wonderful”; “They do a very good job, they’re all very nice people and we’re very grateful to them”; “They’re all so good; both the girls and the men. I’ve nothing to complain about”; “They’re all very very good. Not one I could complain about”; “They’re all wonderful; I could not praise them highly enough. They’re lovely” and “They’re lovely, they really are. They come and look after me and they’re really good; I look forward to seeing my carers”.

We were also told: ““Some variations with care staff but in the main carers are very good. They are kind and considerate”. Where people could name and identify specific staff people were very expressive of how much they meant to them. One person told us: “My main care team are very caring”. Another person became emotional when describing two carers who they felt they had helped them “above and beyond” what was written in their care plan as they had supported them to cope emotionally with the loss of ability to do things for themselves. Another person told us “They are like family”.

People told us staff had stayed with them when they were unwell. For example, a relative told us staff had stayed on an occasion when an ambulance was needed for her husband. She said the carer “was very good”. People told us that they were never rushed when their care was being provided. Even when they knew staff were running late, staff would always ask if there was anything else they could do for them before leaving. One person stressed to us: “Staff never rush my care and stay over time if needs be. They always stay for the agreed time at least” .They added staff also offer to do other tasks to assist “such as “picking things up from town; they are very considerate and understanding”.

People told us staff respected their dignity and ensured their needs were met. We were told by one person who was reluctant to have personal care; “They are always so polite and kind and respectful. I have got used to (receiving intimate care) to be cleaned and they always ask if they can touch me even though they’re there to clean me; I’m impressed by every single one of them.” Also: “Staff are always polite, all very pleasant, both male and female staff. They are caring and kind; some are excellent” and ““They are all lovely people. Couldn’t ask for better. I have male staff who have similar interests to me so we have a good chat; no silly comments were ever made to me. They have been very good in all respects”.

People told us that their remaining as independent as possible was important to them and they felt this was supported by the staff. A number of people we spoke with told us they were allocated support to aid rehabilitation after discharge from hospital, or, in two cases, after leaving a residential setting. Therefore the aim of the support was to maximise their independence. They told us they had valued their independence highly and felt the support given enabled them to achieve this and remain in their own homes. A number told us they had reduced the support as soon as they were able to, but valued both the past level of support and the remaining support.

Good

Is the service responsive?

Our findings

People told us: “No concerns to raise; when I ring the office they are very responsive”; “I have no concerns or complaints to raise; no cause to complain. I am happy. The office would sort any problems”; “I have never had any concerns or complaints but would if needed. The carers listen to him and try to resolve any problems. I have been happy for several years with the support and care I receive”; “The only complaint has been about timings; things improved for a while then its back to how it was. Staff listen to me and would do things differently if I asked. My needs haven’t changed but am sure if they did staff would meet my needs” and “I have the opportunity to make comments but I am not entirely sure things improve for example timings and continuity of carers”.

The care plans detailed people’s care needs and supported people to remain in control of their care. The plans were reviewed annually unless people’s needs changed earlier. People had signed their care plan, risk assessments and consent for information to be shared. The service had a system of initial assessment of people’s needs and used this and information provided to plan people’s care. On each occasion we saw that people and their relatives were involved in looking at the information and stating what care they wanted from the service. This information was then developed into a larger care plan that was reviewed. The care plans told us what care staff should provide in easy to understand terms and people told us this reflected what they needed at this time. People signed they agreed with this care.

Staff said they always referred to the care plan on each visit. All said care plans were up-to-date and held relevant information, which was useful to them. They said care plans were reviewed by the senior care staff but confirmed that they could contribute to care plans for example, if needs had changed they would contact the office and care plans would be reviewed.

People told us: “I am aware of my care plan. It’s discussed with me. My care is delivered as per plan as far as I know” and “The head of care visits yearly to review my care; they spend time discussing my care and looking at the care plan. They ask my opinion about how it is going; I read my care plan regularly and am happy with the content”.

Staff said they had enough time to deliver care; where things were regularly taking longer this was reported to the office who would review and discuss with the commissioner and time would be increased. Although some staff said they sometimes felt rushed all said they would never rush the person when caring for them.

The service has emergency plans in place to deal with situations were care may be affected. We saw that in one recent cold spell 4x4s had been rented to ensure carers could get to the homes where their care was essential.

The service had a complaints policy and procedure and this was made available to everyone who received care from the service. We reviewed four complaints from the last six months and saw these were investigated. People were written to in order to acknowledge their concern and once the investigation was completed. The service ensured they were asking if the person was happy with the result. Where the concern was about care the individual staff member was supported to understand the concern and amend their practice.

Good

Is the service well-led?

Our findings

The Torbay service was governed by policies, procedures and practices set centrally (referred to by people, staff and the registered manager as 'head office). We saw that many of these policies were only available on line. We were told that staff were updated in staff meetings in respect of policies and could access them in the office. Staff were employed at the local office to ensure both staff and people had a named person to communicate with. People stated staff in the office were always polite and handled their concerns speedily. Their main criticism was that communication from the office to the people could be improved. This especially related to when staff were going to be late or changed.

The company had undergone a restructuring recently and was introducing new paperwork in the service. This had been in response to a company wide quality audit. There were audits of care plans, administration of medicines and staff practice that were then reviewed in detail and recommendations made and issues raised with individuals staff as required. The audits of the medicines were found to be ineffective as they had not raised the concerns completed on this inspection.

We saw that people were requested to fill in a questionnaire annually so they could give feedback on the quality of their care. The last one had been completed in March 2014. The main issues were in respect of poor communication; reliability of times when care was provided; continuity of carers and weekly rotas. There were also issues raised about weekend cover. Staff were sent a questionnaire in April 2014 and this highlighted the desire to have a settled number of people to care for and stability in their rotas. We saw that these had each been given an action plan. The inspectors found the same issues were raised by people during the inspection. This raised a concern about the service's ability to respond to these issues and put them right. We were also concerned that any review on concerns raised often looked to the individual (for example, staff member) but did not look at wider issues about how the service was functioning.This meant that concerns did not reflect back on how the service was planning the care and whether this was robust enough.

Somerset Care Community (Torbay) was run by Somerset Care Community Ltd who are a large organisation that delivers residential care and care in people's homes across the south of England. Running the service in Torbay was the registered manager's responsibility. This person was registered with CQC. There were other managers in place, such as the area manager who we met on the first day of the inspection. There was also a Nominated Individual registered with CQC who was accountable at the company level.

People told us: "Overall a pretty good service"; "I have a good relationship with the office staff although the management has changed a number of times. But the office still operates and people are pleasant on the phone"; "The office is knowledgeable and responsive when I have a query; I know who is in charge although there have been staff changes" and "overall the office is very good; always polite when contacted". One person with complex needs who required care four times a day from two carers stated the service was "run very, very well".

Staff told us: "Staff are really good and the planners are well organised – makes our life easier to deliver the care"; "All staff – carers and office staff – really do care and give a good service"; "The staff I see and meet are caring and professional. I would have no problem recommending this service"; "All staff I work with are genuinely caring people"; "It is a good environment to work in – the job is lovely. Staff especially office staff are very friendly and helpful" and "Things run smoothly 98% of the time. Staff are very professional. We give good quality care".

We observed the office based staff had time each morning to brief each other and raise any issues for the day. Each job role was represented. This meant issues could be tackled quickly.

The service had in place a quality assurance programme that was set by head office. The service was given 'themed conversations' to have with people and staff to complete on a quarterly basis. The stated aim was to ensure there was a programme of continued improvement. Each theme was different and people's views recorded centrally. An action plan would then be set up in respect of any concerns and monitored centrally until addressed.

The service also had certain trends monitored such as the reporting of missed calls. This was seen to be very low. The service was also being monitored centrally to try and understand why they were experiencing a high staff turnover.

Good

Is the service well-led?

The company encouraged the sharing of best practice among its services and Somerset Care Community (Torbay) had taken part in this and put recommendations forward. They had also taken on what other services were recommending.

The registered manager demonstrated that they encouraged an open culture with the emphasis on learning from past events and putting plans in place to improve the situation. Staff knew they could raise a concern or question at any time and expressed “Happy staff; you get more from them”. They told us how they encouraged new ideas and hoped to use staff strengths and were open to challenge if they “got things wrong”. The company had invested in them to ensure they had the correct training and skills to carry out their role. They felt well supported to carry out their role effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person was not protecting people against the risks associated with the unsafe management and use of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person did not have in place suitable arrangements in place to assist people, or those acting on their behalf, to express their view referred to in subparagraph (c)(ii) and, so far as reasonably practicable, accommodate these views. The registered person had not ensured that care and treatment was provided to people with due regard to their preferences.